

## INSTRUCTION LETTER

**INSTRUCTION NUMBER:** WIA 13-21  
**TO:** Upstate SC Works Contractor and Youth Contractors  
**SUBJECT:** Participant Release of Information Form

DATE	DATE	DATE
<b>ISSUED:</b> <u>February 14, 2014</u>	<b>EFFECTIVE:</b> <u>January 22 2013</u>	<b>EXPIRES:</b> <u>Indefinitely</u>

**PURPOSE:** To issue a revised WIA Participant Release of Information Form.

**BACKGROUND:** All WIA participants are required to complete a Participant Release of Information Form. This form outlines the participant's commitment to follow up and gives permission for appropriate personnel to access their file among many other things.

**ACTION:** Attached you will find a revised participant Release of Information Form. Please instruct your staff to destroy any copies that they have on hand of any previously used forms and replace them with the attached. This form is to be implemented and put to use immediately. All completed forms should be maintained in the participant's hard file.

**INQUIRIES:** Should you have any questions concerning this instruction, please contact Ms. Ann Angermeier at telephone number 864.596.2028 or by email at [angermeier@upstatewib.org](mailto:angermeier@upstatewib.org).

  
Ann Angermeier, Director

---

**Source:** SCDEW monitoring finding in another workforce area.

**WORKFORCE INVESTMENT ACT**  
**INFORMATION RELEASE AGREEMENT**

I agree to furnish employment information, as requested, to the appropriate staff throughout my time of participation in services under the Workforce Investment Act (WIA) of 1998. This includes the time that I am receiving or have received WIA services, inclusive of training, and become employed up to a period of two (2) years prior to WIA registration and after receiving my last WIA service.

I also give permission for authorized personnel to have access to my file. This includes WIA Career Consultants, administrative assistants, program monitors, and other appropriate staff as necessary.

I consent to the release of relevant information to program staff, Upstate Workforce Investment Board staff, SC Works Upstate center staff, and to potential employers who may assist them in helping me obtain unsubsidized employment. This may include educational and vocational information, and WorkKeys scores.

I agree to allow any of my employers to release any information that will assist in meeting the employment verification and follow-up procedures required for Workforce Investment Act evaluation up to twenty-four (24) months prior to, and after, receipt of WIA services. Workforce Investment Act personnel receiving information will request that confidentiality of all information released be protected and used only for WIA program and partner needs.

Printed Participant's Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

For Participants under 18 years of age: \_\_\_\_\_

Printed Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_